

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A.	12	9/6/22/01
O.I.P.E. CLASSIFIER		254	8/11/01
FORMALITY REVIEW	MB		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	8/1/01
2	✓	✓	8/1/01
3	✓	✓	8/1/01
4	✓	✓	8/1/01
5	✓	✓	8/1/01
6	✓	✓	8/1/01
7	✓	✓	8/1/01
8	✓	✓	8/1/01
9	✓	✓	8/1/01
10	✓	✓	8/1/01
11	✓	✓	8/1/01
12	✓	✓	8/1/01
13	✓	✓	8/1/01
14	✓	✓	8/1/01
15	✓	✓	8/1/01
16	✓	✓	8/1/01
17	✓	✓	8/1/01
18	✓	✓	8/1/01
19	✓	✓	8/1/01
20	✓	✓	8/1/01
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31	✓	✓	8/1/01
32	✓	✓	8/1/01
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42	✓	✓	8/1/01
43	✓	✓	8/1/01
44	✓	✓	8/1/01
45	✓	✓	8/1/01
46	✓	✓	8/1/01
47	✓	✓	8/1/01
48	✓	✓	8/1/01
49	✓	✓	8/1/01
50	✓	✓	8/1/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

Available Co